



Rev. 2/04

Massachusetts

Department of

Revenue

Please print or type.

Name of employer	Federal Identification number	Page number
------------------	-------------------------------	-------------

Employee Social Security number			Name of employee (please print or type)			Wages paid this quarter	
123	45	6789	Last name	First name	Middle initial	Dollars	Cents
			Total number of employees reported on this page:	<div></div>	Total wages reported on this page:		

Attach to Employer's Quarterly Report Form WR-1.
This form may be reproduced.